



Department of Children's Services
Monthly Family Income and Expenditures

This information is needed to help give an understanding of how you manage your income as a part of the total picture of your family life. Many of the items listed below may not be met on a monthly basis, and for them it may be convenient to calculate for the yearly amount and divide by 12. Leave blank the items that do not apply to you. This form is to be completed by parents, prospective foster/adoptive parents and relative caregivers.

1. APPLICANT(S)

Last Name	First Name	Middle Name	Birth Date	Sex	Social Security Number

2. Names of others living in your home *(use additional page if necessary)* _____

3. Address: _____
Number and Name of Street or Route Number Telephone No. (include Area Code)

City County State Zip Code

4. RESOURCES

Savings Account \$ _____

Checking Account \$ _____

Other *(Specify)* \$ _____

5. EMPLOYMENT AND MONTHLY INCOME

	Applicant	Co-Applicant
Occupation	_____	_____
Employer	_____	_____
How long in current position?	_____	_____
Gross Income from Employment	\$ _____	\$ _____
Additional Income <i>(Give Source)</i>	\$ _____	\$ _____
Total Combined Income	\$ _____	

6. MONTHLY EXPENDITURES

Home Mortgage Payment	\$ _____
Rent	\$ _____
Utilities (<i>Electricity, Fuel, Water, Telephone, etc.</i>)	\$ _____
Insurance	
Homeowner's or renter's	\$ _____
Medical	\$ _____
Car	\$ _____
Life	\$ _____
Installment Payments for:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical and Dental Expenses	\$ _____
School Expenses	\$ _____
Recreation	\$ _____
Church and Charity	\$ _____
Other (<i>Specify</i>)	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total	\$ _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Return Completed Form To: Tennessee Department of Children's Services

_____, County Office

_____, Tennessee

Attention: _____ Residential Case Manager